

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
MORRIS	GEORGE "RED"	A.	808-531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
G.A. MORRIS, INC.			808-531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808-533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

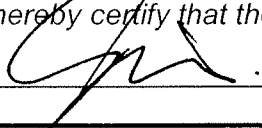
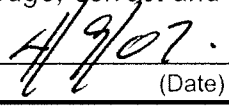
### PART II ORGANIZATION

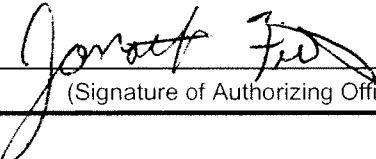
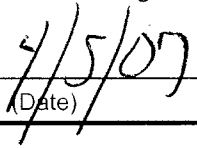
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.	516-605-6758	
MAILING ADDRESS (Street)	FAX	
26 HARBOR PARK DRIVE	516-605-6989	
(City)	(State)	(Zip Code)
PORT WASHINGTON	NY	11050
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MELODY BUTAY DACANAY	808-531-4551	
MAILING ADDRESS (Street)	FAX	
222 SOUTH VINEYARD STREET, SUITE 401	808-533-4601	

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(City)	(State)	(Zip Code)
HONOLULU	HI	96813-2453

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
ATHAN FRIEDMAN	
NAME OF ORGANIZATION (if applicable)	TELEPHONE 516-605-6758
NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.	
MAILING ADDRESS (Street)	FAX 516-605-6989
26 HARBOR PARK DRIVE	
(City)	(State)
HARBOR PARK DRIVE	NY
(Zip Code)	11050
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	
(Signature of Authorizing Officer or Person Represented)	(Date)